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ANNOUNCEMENT

The Western Regional Meeting of the Society for Investigative Dermatology will be held jointly with the Dermatology Subsection of the American Federation for Clinical Research. The meeting will be held February 4-7, 1976, Carmel, California. Inquiries may be addressed to: Gerald G. Krueger, MD, Head, Division of Dermatology, University of Utah College of Medicine, Salt Lake City, Utah 84132.

Following the Dermatology Subsection, the Carmel Skin Club and the Society for Investigative Dermatology will present a symposium entitled "Selected Aspects of the Porphyrias."

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ANNOUNCEMENT

DERMATOLOGY FOR PRACTICING PHYSICIANS

A three day course entitled "Dermatology for Practicing Physicians" will be held in Boston, May 19-21, 1976 by the Department of Dermatology, Harvard Medical School.

This intensive clinically-oriented course is oriented primarily for Internists, Pediatricians, Family Practitioners, and General Practitioners. It will survey recent scientific advances and will detail current concepts of pathophysiology, diagnosis and care of patients with disorders affecting the skin. The curriculum is broad in scope and will cover both diseases primarily involving skin as well as the diverse cutaneous signs of systemic illness. There will be practical and in-depth discussion of the treatment of cutaneous diseases. Informal lectures, each accompanied by detailed notes and references, will be supplemented by question and answer periods, case presentations, panel discussions, and luncheon seminars. Teaching slide sets will be available for the three-day period.

The course is under the direction of Drs. Thomas B. Fitzpatrick and Kenneth A. Arndt, and the speakers include all members of the department. For further information contact Dr. Arndt, 330 Brookline Avenue, Boston, Massachusetts 02215.

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Santyl® (collagenase)

Indications: Santyl Ointment is indicated for debriding dermal ulcers and severely burned areas. In other types of necrotic skin lesions reports on the use of Santyl Ointment have been limited to clinical observations without controls.

Contraindications: Application is contraindicated in patients who have shown local or systemic hypersensitivity to Collagenase.

Precautions: The enzyme's optimal pH range is 7 to 8. Lower pH conditions have a definite adverse effect on the enzyme's activity, and appropriate precautions should be taken.

The enzymatic activity is also adversely affected by detergents and hexachlorophene and heavy metal ions such as mercury and silver which are used in some antiseptics. When it is suspected such materials have been used, the site should be carefully cleansed by repeated washings with normal saline before Santyl Ointment is applied. Soaks containing metal ions or acidic solutions such as Burow's solution should be avoided because of the metal ion and low pH. Cleansing materials such as hydrogen peroxide or Dakin's



solution do not interfere with the activity of the enzyme. Debilitated patients should be closely monitored for systemic bacterial infections because of the theoretical possibility that debriding enzymes may increase the risk of bacteremia.

The ointment should be confined to the area of the lesion in order to avoid the risk of irritation or maceration of normal skin.

A slight erythema has been noted occasionally in the surrounding tissue particularly when the enzyme ointment was not confined to the lesion. This can be readily controlled by protecting the healthy skin with a material such as Lassar's paste.

Since the enzyme is a protein, sensitization may develop with prolonged use although none has been observed to date.

Adverse Reactions: Adverse reactions to Collagenase have not been noted when used as directed.

Dosage & Administration: Santyl Ointment should be applied once daily (or once every other day in the case of outpatients) in the following manner.

(1) Prior to application the lesions should be gently cleansed with a gauze pad saturated in normal saline, buffer (pH 7.0-7.5) or hydrogen peroxide to remove any film and digested material.

(2) Whenever infection is present, as evidenced by positive cultures, pus, inflammation or odor, it is desirable to use an appropriate topical antibacterial agent. Neomycin-Bacitracin-Polymyxin B (Neosporin) has been found compatible with Santyl Ointment. This antibiotic should be applied to the lesion in powder form or solution prior to the application of Santyl Ointment. Should the infection not respond, therapy with Santyl Ointment should be discontinued until remission of the infection.

(3) Santyl Ointment should be applied (using a wooden tongue depressor or spatula) directly to deep wounds, or, when dealing with shallow wounds, to a sterile gauze pad which is then applied to wound. The wound is covered with sterile gauze pad and secured with clear tape or Kling bandage.

(4) Crosshatching thick eschar with a #11 blade is helpful. It is also desirable to remove as much loosened detritus as can be done readily with forceps and scissors.

(5) All excess ointment should be removed each time dressing is changed.

(6) Use of the ointment should be terminated when sufficient debridement of necrotic tissue has taken place.

Overdose: Action of the enzyme may be stopped, should this be desired, by the application of Burow's solution U.S.P. (pH 3.6-4.4) to the lesion.

How Supplied: Santyl Ointment contains 250 units of Collagenase enzyme per gram of white petrolatum U.S.P. The potency assay of Collagenase is based on the digestion of undenatured collagen (from bovine Achilles tendon) at pH 7.2 and 37° C. for 24 hours. The number of peptides cleaved are measured by reaction with ninhydrin. Peptides released by a trypsin digestion control are subtracted. One net Collagenase unit will solubilize ninhydrin reactive material equivalent to 4 micromoles of Leucine.



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